Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{30}{2}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_8\_/\_ 6 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 8/8/18 Signature of Agency Head or Designee Print Name (month, day, year) Comment: \_ FPPC Form 802 (2/2016)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name					Date Stamp	California 000
	County of Los Angeles						Form 802
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only
	Board of Supervisors, First I						
	Designated Agency Contact						
	Megan Moret, Ticket Admin						
	Area Code/Phone Number	E-mail			- 1864	Amendment (Must I	Provide Explanation in Part 3.)
	213.974.4111	NY - SANCON CARACTER Y	loca	tu ao:		Date of Original Filing:	
		mmoret@bos	acour	ity.gov			(month, day, year)
2.	Function or Event Infor	mation	.2 78.5%				
	Does the agency have a tick	et policy?	Yes 🗆	No□	Face Value of I	Each Ticket/Pass \$ 30	0
	Event Description: LA Phil				Date(s)8/		
	Event Description,	Provide Titl	e/ Explana	ntion	Date(s)		
	Ticket(s)/Pass(es) provided				If no: LA Phil		
	100 _ 11	•				Name of Source	
	Was ticket distribution made	at the behest	Yes 🗆	No 🗵	If yes:	Official's Name (Last, First)	
	of agency official?					(2000) / 1/00)	
2	Recipients						
•	• Use Section A to identify the agen	cy's department or	unit • I !	se Section R to	identify an individ	ual • Use Section C to id	tify an outcide organization
	- agent	-, s acparement of	· 0	Number	Then they an individ	uai. Ose section C to iden	tily an outside organization.
	A. Name of Agency, Depa	rtment or Unit		of Ticket(s)/	Describe the	e public purpose made pur	rsuant to the agency's policy
	staff			Passes	Per Ticket Po	olicy 5.3 (k)	
	marilli			2	I CI TICKELFO	only old (K)	
					-		
	20100			Number			
	B. Name of Indiv			of Ticket(s)/		Identify one of the f	following:
	(Last, Fils			Passes		. —	_
						onial Role  Other  Othe	
						3	
	<u></u>						_
						onial Role Other Cing "Ceremonial Role" or "Other" de.	
			- 1		ii checki	g Salamanian Noic of Other de.	SOLIDO DEIOW.
				Normali			
	C. Name of Outside Or (include address and			Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
	,			Passes			
					1		
					-		
					1		
					<u> </u>		
. /	Verification						
	I have read and understand FPI	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set fo	orth above, is in accordance
	with the requirements.						
married .			Megar	n Moret		Ticket Administrator	8/8/18
1	Signature of Agency Head or Designe	ee	Print	Name		Title	(month, day, year)
	Comment:						
	Committee .						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 / 6 / Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per Ticket Policy 5.3 (k) staff 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other  $\square$ Income \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016)

8/8/18

(month, day, year)

**Ticket Administrator** 

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) 8 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: LA Phil Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Megan Moret

Ticket Administrator

8/8/18

Signature of Agency Head of Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{30}{2}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_\_8 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

### 4. Verification

Lhave read and understand FPPC Regul with the requirements.	ations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordanc
	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 120 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_8\_\_/ Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket Policy 5.3 (k) staff Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income \_ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s) (include address and description) Passes 4. Verification

Megan Moret Ticket Administrator 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213.974.4111 Date of Original Filing: . mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 / 9 / Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification

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Comment:

l have read and understa	nd FPPC Regulations	18944.1 and 18942.	. I have verified that the	e distribution set forth above	e, is in accordance
with the requirements.	•				
the regularithenes.					

			Megan Moret	Ticket Administrator	8/8/18
Signature of Age	ncy Head or De	signee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_\_8\_\_/\_ Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: LA Phil Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

1	have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	e is in accordance
1	vith the requirements.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	nor and regain or forter.				

	Megan Moret	Ticket Administrator	8/8/18	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment				

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name			Date Stamp	California 000
County of Los Angeles			*	Form 8UZ
Division, Department, or Region (if applicable)		For Official Use Only		
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)		7-11-300		
Megan Moret, Ticket Administrator			□ A	
Area Code/Phone Number E-mail			☐ Amendment (Must Pro	vide Explanation in Part 3.)
213.974.4111 mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes [	□ No □ F	ace Value of E	Each Ticket/Pass \$ 70	
Event Description: LA Phil				
Provide Title/ Explain	nation	Date(s) <u>8</u> _/		
		f no: <u>LA Phil</u>		
			Name of Source	
Was ticket distribution made at the behest Yes [	□ No 🗵 🏻 If	f yes:	Official's Name (Last, First)	
of agency official?			emolars Name (Last, First)	
3. Recipients				
• Use Section A to identify the agency's department or unit.		identify an individu	ual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
staff	2	Per Ticket Po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follo	owing:
		1	onial Role Other on "Other" descri	Income In
		497500 00000	onial Role Other on "Other" descri	Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy
				,
. Verification				
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942. I	have verified th	nat the distribution set forth	h above, is in accordance
Mega	an Moret		Ticket Administrator	8/8/18
Signature of Agency Head or Designee Pri	nt Name		Title	(month, day, year)
Comment:				

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 120 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_8 \_/ \_10 \_/ Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other  $\square$ If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 8/8/18 **Ticket Administrator** Megan Moret (month, day, year) Print Name Signature of Agency Head or Designee Comment:

Agency Report of:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 / 10 / Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Per Ticket Policy 5.3 (k) staff 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I,have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Ticket Administrator** 8/8/18 Megan Moret Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

8/8/18

(month, day, year)

Ticket Administrator

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) 8 / 10 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last. First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 8/8/18 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment: \_\_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 130 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 / 11 / Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Income Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator Megan Moret 8/8/18

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 130 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_8\_\_/\_ 11 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Print Name

Signature of Agency Head of Designee

Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

8/8/18

(month, day, year)

**Ticket Administrator** 

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 130 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_\_8\_\_/\_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number

A.	Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
staff		2	Per Ticket Policy 5.3 (k)		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
	-		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
la sifi a	-41				

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

8/8/18

(month, day, year)

Ticket Administrator

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 80 Does the agency have a ticket policy? Yes No No Event Description: LA Phil Date(s) 8 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per Ticket Policy 5.3 (k) staff 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Ticket Administrator** 8/8/18 Megan Moret (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 140 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_8\_\_/\_ 12 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

4. Verification

I have read and understand FPPC Regulat	ons 18944.1 and 18942.	I have verified that the distribut	ion set forth above, is in accordance
with the requirements.			

	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_\_8\_\_/\_ Event Description: LA Phil 12 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

#### 4. Verification

I have read and understand FPPC Regulations	18944.1 a	and 18942.	I have	verified that the	e distribution	set forth	above,	is in acco	rdance
with the requirements.									

	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) 8 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number

A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
staff	2	Per Ticket Policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/	

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

with the requirements.

Comment: \_

Signature of Agency Head or Designee

8/8/18

(month, day, year)

Ticket Administrator

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A	Pu	ıb	lic	Do	CL	ım	e	n	t
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1.	Agency Name					Date Stamp	California Q02		
	County of Los Angeles						Form OUZ		
	Division, Department, or Reg	ion (if applicable)		AND DESCRIPTION OF THE PARTY OF			For Official Use Only		
	Board of Supervisors, First	District							
	<b>Designated Agency Contact</b>	(Name, Title)							
	Megan Moret, Ticket Admin	istrator	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail				- American (Mast Frovide Explanation III Fait 3.)			
	213.974.4111	mmoret@bos	s.lacoui	nty.gov		Date of Original Filing: _	(month, day, year)		
2	Function or Event Infor	mation							
۷.			· -		Eggs Value of	Each Ticket/Pass \$ 75			
	Does the agency have a tick		Yes L						
	Event Description: LA Phil				Date(s) <u>8</u>				
	Ticket(s)/Pass(es) provided	Provide Tit			If no: LA Phil				
	ricket(s)/Fass(es) provided	by agency?	Yes L	] No ⊠	II 110, <u></u>	Name of Source			
	Was ticket distribution made	at the behest	Yes [	] No ⊠	If yes:	Official's Name (Last, First)			
	of agency official?		.00			Official's Name (Last, First)			
_									
3.	2.5 1.4 27 252								
	Use Section A to identify the agent	cy's department or	unit. • (		identify an individ	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	staff	3	NOTE - 12 A STATE OF THE STATE		Per Ticket Pe	olicy 5.3 (k)	30 MANAGO		
				2					
					1				
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	llowing:		
						nonial Role Other Other or "Other" descript "Ceremonial Role" or "Other" descript	Income I		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		1000			Cerem	nonial Role  Other	Income		
					If check	ting "Ceremonial Role" or "Other" desc			
					1				
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy		
	<b>L</b>				+	THE STATE OF THE S			
	^								
	Verification								
7.	I have read and understand FF	PC Regulations	18011	1 and 190/2	I have verified t	hat the distribution set for	th above is in accordance		
	with the requirements.	r o Regulations	10344.	ı allu 10942.	i nave veniled t	nat trie distribution set for	ит авоче, із їн ассогиалсе		
			Maaa	an Morot		Ticket Administrator	8/8/18		
	Signature of Agency Head or Design	nee		an Moret		Title	(month, day, year)		
	g 2011 190107 11000 01 200191		10111				(month, day, your)		
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30 Does the agency have a ticket policy? Yes No No Date(s) \_\_8\_\_/\_ Event Description: LA Phil 17 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per Ticket Policy 5.3 (k) staff 4 Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 8/8/18 Megan Moret (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Comment: \_\_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 15 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 / 17 / Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per Ticket Policy 5.3 (k) staff 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

Megan Moret Ticket Administrator 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Comment: \_\_\_

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 40 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_8\_\_/\_ 18 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per Ticket Policy 5.3 (k) staff 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 8/8/18 Megan Moret (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles **Form** For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil Date(s) \_\_8\_\_/\_ 18 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

### 4. Verification

Comment: \_

I have read and understand FPPC Regulati	ons 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordanc
with the requirements.			
	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_8 Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income \_ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Ticket Administrator** 8/8/18 Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 70 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: LA Phil 8 / 18 Date(s)\_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Per Ticket Policy 5.3 (k) staff 2 Number

4. Verification		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
9		Ceremonial Role  Other  Income  Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role  Other  Income  Income If checking "Ceremonial Role" or "Other" describe below:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

of Ticket(s)/

**Passes** 

B.

with the requirements.

Comment:

Signature of Agency Head or Designee

Name of Individual

(Last, First)

8/8/18

(month, day, year)

Ticket Administrator

Identify one of the following:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 140 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_8\_/\_ Event Description: LA Phil 19 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income \_\_\_ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 8/8/18 Ticket Administrator Megan Moret (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{75}{}$ Does the agency have a ticket policy? Yes \ No \ Event Description: LA Phil Date(s) \_\_\_8 / 19 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Ticket Administrator** Megan Moret 8/8/18

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) \_\_8\_\_/\_ Event Description: LA Phil 19 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

 Megan Moret
 Ticket Administrator
 8/8/18

 Signature of Agency Head or Designee
 Print Name
 Title
 (month, day, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

Comment: \_

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 8 Event Description: LA Phil 19 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 

## I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

With the requirements.

Megan Moret
Ticket Administrator
8/8/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_

4. Verification